



New Jersey Office of the Attorney General  
Division of Consumer Affairs  
**State Board of Psychological Examiners**  
124 Halsey Street, P.O. Box 45017  
Newark, NJ 07101

# STATE BOARD OF PSYCHOLOGICAL EXAMINERS

Volume 3

NEWSLETTER

Summer 2004

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The past two years have been transitional for the Board. In July 2002, Ken Roy stepped down as Chair, a position he held for seven years. During that time Dr. Roy instituted efficient innovations that were appreciated by all, giving us the advantage of his gentle leadership and sound judgment. This last October, Dr. Roy was elected Member-at-Large to sit on the Board of Directors of the Association of State and Provincial Psychology Boards (A.S.P.P.B.). Having been elected as the new Chair, I am grateful for the trust the Board has shown, and also for the fact that Dr. Roy remains active in the Board, generous as always with his experience, wisdom and time.

Our Senior Deputy Attorney General (D.A.G.), Kathy Rohr, retired in September 2002 to pursue a degree in library science. The Board was sad to see her leave but again the Board is grateful for the six years that we had the advantage of her legal expertise, efficiency and strong work ethic. D.A.G. Marilyn Bair became counsel to the Board and coped valiantly with the intricacies of Board matters but had to leave us and relocate to California when her husband was transferred. Our current counsel, D.A.G. Carmen Rodriguez, has been with us since September 2003, long enough for us to realize that we have lucked out again.

Debra Eckert-Casha, one of our public members, has accepted an appointment with the State Board of Education. Ms. Eckert-Casha's five-year tenure here was disappointingly short, but her accomplishments were impressive; she was instrumental in getting our newsletter published, producing an updated brochure, and arranging a joint conference between psychologists and the judiciary.

Margery Manheim, who joined the Board in 1995, no longer serves on the Board. Dr. Manheim served on the Ethics Committee for most of that time and her work was insightful and well considered. We are going to miss her enormously.

And finally, Paul Brush retired in March 2003, after nearly 10 years as Executive Director. We have all depended heavily on Mr. Brush to keep things running smoothly—many of you reading this column have had contact with him for one reason or another and know the combination of efficiency, kindness and intelligence he brought to his work. Again, we were grateful but saddened to see him leave. There is consensus among Board members that Paul Brush was a rock. We thank Elaine DeMars, our Managing Executive Director, for her support in the past months.

Our newest Board member is Mark Glat, Psy.D. A short biography of Dr. Glat appears in this issue. We now have eight members: seven psychologists, including one government member, and one public member.

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State Board of

## **PSYCHOLOGICAL EXAMINERS**

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*State Board of Psychological Examiners  
New Jersey Division of Consumer Affairs  
P.O. Box 45017  
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## **Message from the Chair**

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As for regular business, the initiation of computer testing for the written examination originally met with somewhat disappointing responses throughout this country and Canada due to low participation. People did not take the examination. A.S.P.P.B. seems to have remedied this situation. The wait time for the orals has increased somewhat owing to the many changes over the past year. At this time the candidate can expect to wait about six months to be scheduled. We are hoping to reduce that to three months. At present we are working with a consultant to refine the oral examination process and hope to have results by the end of the summer.

The good news is that the Board is current with complaints. Complaints are being resolved within a two-month period. More complex issues that require the gathering of large amounts of information and those involving our investigation unit naturally will take longer, but we have shortened the time it takes to resolve even these.

Our regulations sunsetted in October 2003. Amendments were made and now have been adopted.

The current regulations can be found on our Web site:

[www.NJConsumerAffairs.com/medical.htm#PSY13](http://www.NJConsumerAffairs.com/medical.htm#PSY13).

The Board continues to meet on the first Monday of each month. Except for confidential matters, which are dealt with in executive session, the meetings are open to the public and the reader is cordially invited to attend.

Submitted by Victoria W. Jeffers, Ph.D.  
Chair

State Board of Psychological Examiners

### **BOARD MEETING DATES**

The Board meets one Monday each month at 9:30 a.m. at the Division of Consumer Affairs located at 124 Halsey Street in Newark, New Jersey.

Announcements of the meetings are published in New Jersey's major newspapers: The Star-Ledger, Trenton Times, Bergen Record, Courier Post and Atlantic City Press.

The Board meeting dates for the remainder of 2004 are:

September 13

October 4

November 1

December 6

## What is an Exempt Community Setting?

Because psychologists are not required to hold a New Jersey license to work in an exempt setting, it is important that licensees and candidates for licensure understand what criteria must be met in order to qualify as an exempt setting. This article summarizes the New Jersey requirements for one particular exempt setting status. For a full description, please consult N.J.S.A. 45:14B-6, N.J.S.A. 45:14B-8, N.J.A.C. 13:42-1.3, N.J.A.C. 13:42-1.4 and N.J.A.C. 13:42-1.5.

Generally, unless exempted by New Jersey law, the State Board of Psychological Examiners must license individuals who represent themselves to the public as psychologists or offer to provide psychological services. However, individuals employed by and only offering services wholly within one of the following settings are exempted from New Jersey licensure, provided that outside the exempt setting they do not hold themselves out to the public by any title or description stating or implying that such a person is a psychologist or is licensed to practice psychology. These exempt settings include, but are not limited to, an accredited academic institution, a private elementary or secondary school, a governmental institution, agency or research facility, a business organization, or a nonprofit bona fide community agency.

Organizations that desire an exemption as a bona fide community agency must apply in advance to the Board for approval as an exempt setting. The major elements necessary to qualify as a bona fide nonprofit community agency are as follows. The agency must be an entity which is exempt from taxation pursuant to Section 501 of the United States Internal Revenue Code. It must also demonstrate that it is supported wholly or in major part (50% or more) by public funds. These public funds shall not include payments by Medicare or Medicaid or other public or private insurance funds. The agency must provide the name of the New Jersey licensed psychologist(s) or psychiatrist(s) or other licensed mental health care professional(s) authorized by law to render professional mental health services at the organization's facility and who are available to supervise any unlicensed psychologist employees. Unlicensed psychologist employees may not be independent contractors. Unlicensed psychologist employees who are candidates for licensure and accumulating supervision hours **must hold** an appropriate temporary permit issued by the Board. Unlicensed psychologists who are **not accruing supervision hours**

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## A Word of Caution Regarding Boundary Violations

Having read Dual Relationships and Psychotherapy by Arnold Lazarus and Ofer Zur and considering the number of complaints which have at their center boundary violations, it seems timely to comment on the Board's position on this complex issue. This column is directed to the conscientious, caring therapist grappling with the professional consequences of behaviors that are, to many observers, generous and caring, and to many boards, boundary violations.

Should there be any misunderstanding of our use of the term "dual relationship," the specific prohibitions are:

(1) Treatment of family, close friends, or family of close friends; treatment of people with whom you have another professional relationship, including, but not limited to, your doctor, your dentist, your cleaning help, and their close relatives;

(2) Sexual or romantic touching or involvement with a patient, during treatment or within two years of termination of a professional relationship, or longer, if the patient might be vulnerable;

(3) Fiduciary involvement with the patient. You cannot go into business with the patient, nor can you rent the patient's summer house, nor can the patient rent yours. You should not buy a car from the patient and you should not sell your car to him or her. The patient should not help you repair or clean your house or your office.

Despite the conviction of some that the dual relationship strictures are in place to protect therapists from vulnerability to lawsuits, the issue at hand is the welfare of the patient. Our caution arises from a misguided conviction on the part of some therapists that their generosity of spirit and eagerness to provide experiences that will gratify patients can do no harm. Surprisingly, many violations with respect to dual relationships do not involve sexuality, nor is the "slippery slope" necessarily seen as terminating in the bedroom.

One therapist treated the husband of a colleague pro bono. When he submitted a bill for treatment of the colleague's eating-disordered child, the colleague filed a complaint against him for alienating her daughter from her. The adolescent felt responsible for the deteriorating friendship that had existed between her mother and her therapist and resolved the conflict by becoming more symptomatic, which resulted in a hospitalization. This therapist had no wish to exploit, nor did he. Cognitively trained, he had not

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## **A Word of Caution Regarding Boundary Violations**

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anticipated the sequelae of his generosity. He is not any kind of predator, nor is he a sociopath, but there were serious consequences arising from his treating the child of a colleague.

The concept of “boundaries,” less precise than that of “dual relationships,” involves the development of a social relationship or engaging in what appears to be social activity with a patient. It includes extra-office contact by telephone or e-mail, sharing of personal information by the therapist, extended sessions, free sessions and the exchange of gifts. Boundaries have to do with the limits of the relationship and exist to protect the patient.

There are arguments in favor of boundary violations. Having a meal with a patient or playing sports with him or her may give a psychologist a great deal of information. Beating his therapist at tennis might enhance a patient’s self esteem and cooperating on a committee with his therapist might help a patient avoid an idealizing transference. We are all aware of the boundary violations of Dr. Freud, and that Milton Erikson took disturbed patients into his home and treated them successfully.

One thing that stands out in the nonsexual complaints that arise from boundary violations is the confusion experienced by the patient when his or her therapist is a pal and the conventional limits are violated. We would caution that, because therapy is behavioral or cognitive in nature, the possibility of the development of transference is not eliminated. Ignoring transference does not mean it is not there. In some cases, the patient who is gratified by being the recipient of his therapist’s largess might not be

able to manage negative feelings in the treatment. Who can be angry at a therapist who likes you so much he spends time with you for which he is not paid? What happens to the inner world of the patient when he is encouraged to take more than his share and exploit his therapist?

The attempt to make up for deprivations in the early lives of our patients may be a motivating force behind many boundary violations. To the degree we are acting in the treatment, the patient may be convinced that if he or she is charming (talented, attractive) enough, he or she will be healed. This has little to do with sex and everything to do with seduction: being charming ( talented, attractive) never healed anyone.

We suggest that the therapist who would become involved in extra therapeutic activity with his patients receive supervision to determine that the patient’s therapeutic needs, rather than the needs of the therapist, are being met. The slippery slope involves a subtle dynamic, the dangers of which are often unclear to the well-meaning therapist. Extra-office interactions provide gratification both ways: the therapist can feel generous and the patient can feel special. We would advise against interventions that are designed to provide those experiences. If you find yourself engaging in a great deal of extra-office contact such as e-mails and telephone calls, you might consider that limit-setting may be your own issue. If you are not charging for therapeutic contact, there may be a kind of seduction involved. If you think structuring the outside world to provide gratification for an adult patient is therapeutic, think again.

There are treatments in which the session takes place outside of the office: for example, cognitive or cognitive-behavioral treatment of phobia could be enhanced by the therapist’s presence during desensitization and indeed it might even require

it. We would offer, should you choose to treat patients or conditions in vivo, that you be able to justify your treatment theoretically. If there is research that supports your interventions, you should have little trouble with this Board. If you think eating a meal with an eating-disordered (or any other) patient should be incorporated into the treatment, we would advise you to embed it in a treatment plan, be able to justify it technically, and charge a fee for the session.

The concepts of “dual relationships” and “boundary violations” are meant to serve as guides when our own impulses could affect our patients. Implicit in the title “professional” is an assumption that the ego function involving judgment is sufficiently developed to recognize one’s limitations and act accordingly. When that is not automatic, supervision could protect both the patient and the therapist.

The Board investigates every complaint that it receives. Some provide insufficient cause for Board action and many are forensic, involving a disgruntled client. Many violations arise from inadequate training on the psychologist’s part (e.g. failure to recognize substance abuse or failure to obtain supervision for unfamiliar or rare diagnostic categories). But of the consumer complaints that we must pursue and act upon, those involving boundary violations are among the most difficult to address. Although we see our share of exploitative psychologists, often it is clear that the psychologist involved in boundary issues has been both well-meaning and misguided. Still, the patient is not well-served because of the difficulties that result from boundary violations. Do not let this be you.

Victoria W. Jeffers, Ph.D.  
Chair

## What is an Exempt Community Setting?

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**need not apply for a temporary permit.** Although employees in an exempt setting may work any number of hours they choose, supervised postdoctoral hours for the purposes of licensure must still be at the ratio of one (1) hour of supervision for every five (5) client hours. In addition to the above-referenced conditions, the entity must meet one of the following definitions:

- (1) A corporate entity or any community chest, fund or foundation organized and operated exclusively for religious or charitable purposes;
- (2) A civic league or organization not organized for profit but operated exclusively for the promotion of social welfare;
- (3) A religious society devoted exclusively to charitable or religious purposes;
- (4) An organization which has publicly and permanently committed itself to accepting, without numerical restrictions, clients whose mental health treatment shall be reimbursed either by Medicaid or Medicare or other public insurance program funding.

Once granted exempt status by the Board, the exempted entity shall update the information listing licensed and unlicensed psychologist employee(s) annually in January of each year or as necessary. Exemption shall be contingent upon the employing organization continuing to meet the criteria for exempt settings as outlined in any applicable Board regulations or New Jersey statutes.

Kenneth G. Roy, Ed.D.  
Board Member

### Reminder to Supervisors of Candidates for Licensure

New Jersey State Board of Psychological Examiners regulation N.J.A.C. 13:42-3.2 requires that any unlicensed person working as a psychologist in a facility that is exempt from licensure pursuant to N.J.S.A. 45:14B-6, N.J.S.A. 45:14B-8 or N.J.A.C. 13:42-1.2 through 1.5 must obtain a three-year supervised permit from the State Board of Psychological Examiners in order to obtain credit for the postgraduate hours of supervised practice required as part of the application for a license to practice psychology in the State of New Jersey. This regulation became effective on December 4, 2000.

## The Telepractice of Psychology

Telepsychology or behavioral telehealth services (i.e., the linking of a psychologist and a client through communications ranging from computer modems to telephones and video) have increasingly become a utilized medium for the delivery of psychological services. All licensed psychologists must address multiple concerns if they choose this medium for some portion of their work. The Board has not established specific standards or guidelines for the practice of telepsychology. However, it is clear that significant challenges await any psychologist who is eager to provide behavioral telehealth services in a legally and ethically sound manner.

Whenever there is a choice between providing live person-to-person contact in the delivery of psychological services versus the use of behavioral telehealth services, there is not much to dispute that the former is a more appropriate and clearly superior mode of communication. This is particularly relevant as our objectives progress from educational to the rich array of meaning embedded in the psychotherapeutic relationship. Nevertheless, a variety of situations or circumstances exist which may make live person-to-person communication impossible, severely limiting, or associated with significant disincentives of some kind (e.g., individuals who cannot leave the home or hospital, or who cannot travel the necessary distance, or who otherwise would not seek psychological services). However, as our context shifts away from face-to-face interactions, the loss of visual and auditory cues can compromise our assuredness that our communications have been perceived accurately. Therefore, audio-video teleconferencing would be the preferred medium for delivering psychological services if it was not otherwise possible to provide face-to-face psychotherapy.

Psychotherapy provided through the Internet is not only compromised by the increased likelihood of distortion and miscommunications, but also requires special precautions to ensure confidentiality as well as authenticity, availability and accountability of the service provider. In those situations when a telepsychology approach is indicated, but audio-video conferencing is not practical or possible, then it is not clear what advantage Internet counseling would provide over the use of a landline telephone.

Before providing behavioral telehealth services to an individual from outside our State, the licensee should determine whether he/she needs a license in the state or jurisdiction where the client resides. Otherwise, it is possible that a licensee from our State would be considered

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# Reminders About Licensure Requirements:

## License Renewal

Your license must be renewed every two years. To avoid a late fee, the renewal fee must reach the New Jersey Division of Consumer Affairs by June 30<sup>th</sup> of the renewal year indicated on your license. All fees for late renewals must reach the New Jersey Division of Consumer Affairs by July 30<sup>th</sup> of the renewal year. This fee is in addition to the biennial renewal fee. If licenses are not renewed by July 30<sup>th</sup>, they will be suspended automatically without a reminder or notification. Those licensees with a suspended license must go through a reinstatement process and pay an assessed fee. In addition, the Board may also assess fines for any unlicensed practice performed during the suspension period.

If you have not received your renewal notice, please contact the Board's office immediately.

## Posting of Practice Authorization

Pursuant to N.J.A.C. 13:42-10.1, every licensee shall prominently display in every place where independent practice is conducted, the following notice: (Name of individual) is licensed by the State Board of Psychological Examiners, an agency of the New Jersey Division of Consumer Affairs. Any member of the consuming public may notify the Board of any complaint relative to the practice conducted under this license to the State Board of Psychological Examiners, New Jersey Division of Consumer Affairs, Post Office Box 45017, Newark, New Jersey 07101.

## Address Correction?

All psychologists will have their address of record posted on the State Board of Psychological Examiner's Web site. Be certain your address is accurate. If you wish to change your address of record, please notify the Board **in writing**. You may fax your change of address to the Board's office at (973) 648-3536. You may also change your address of record online by going to [www.NJConsumerAffairs.com/psychcoa.htm](http://www.NJConsumerAffairs.com/psychcoa.htm) and clicking on the "submit the form" button after you fill out the form.

Also, each licensee and permit holder must notify the Board **in writing** or online within 30 days of any change in the address on file with the Board, and must specify whether the address is a residence or employment address (see N.J.A.C. 13:42-10.2).

## Fee Notification

Every licensee shall post a conspicuous notice in the waiting room stating:

**"INFORMATION ON PROFESSIONAL FEES IS  
AVAILABLE TO YOU ON REQUEST."**

### Seeking candidates for the Independent Peer Review Committee (I.P.R.C.)

The Board is presently updating its pool of volunteer psychologists to serve as reviewers on the Independent Peer Review Committee (I.P.R.C.). When a third-party payor or a psychologist initiates the second stage of an I.P.R.C. review, two psychologists are selected from the pool to participate in a process of determining whether the treatment in a specific case has met the standards of "customary," "reasonable" and "usual" as defined in the regulations.

Qualifications of I.P.R.C. reviewers are:

1. Licensed in New Jersey for the five years immediately preceding appointment;
2. Active practitioners with a current minimum average of 10 hours per week of direct service in the areas of service they are authorized to review (for example, psychotherapy with adults and adolescents, psychotherapy with children, marital/family therapy, testing/assessment); and
3. Respected and known by their professional colleagues for the quality of their clinical work and exemplary professional conduct.

Prospective reviewers are selected by the Board and serve a three-year term. If you are interested in being considered, please complete and return the enclosed I.P.R.C. application with your resume to:

New Jersey Division of Consumer Affairs  
State Board of Psychological Examiners  
P.O. Box 45017  
Newark, N.J. 07101

If you have questions, or need more information call:  
973-504-6470.

***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
State Board of Psychological Examiners

**Independent Peer Review Committee I.P.R.C. Application**

Personal Data (please type or print)

Name: \_\_\_\_\_

Highest degree granted: \_\_\_\_\_

Special field of study: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_

Preferred: Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Psychology License Number: \_\_\_\_\_

Diplomate Status (if applicable): \_\_\_\_\_

1. I am currently, and have been for the past five years, engaged for the majority of my professional work in the practice of psychotherapy: \_\_\_\_\_ Yes \_\_\_\_\_ No

2. The total number of years I have been engaged in the practice of psychology is:

\_\_\_\_\_ 5-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 17-20 \_\_\_\_\_ 21 or more

3. Postdoctoral training (place, year, specialization): \_\_\_\_\_

4. Please specify the percentage of work time spent in private practice: \_\_\_\_\_ %

5. Please check the client / patient population(s) that you primarily work with on a regular basis:

\_\_\_\_\_ children \_\_\_\_\_ adolescents \_\_\_\_\_ adults  
\_\_\_\_\_ other client / patient populations (please specify): \_\_\_\_\_

6. Please estimate the percentage of clients/ patients in long-term and short-term psychotherapy:

\_\_\_\_\_ % short-term, 0-39 sessions \_\_\_\_\_ % long-term, 40 or more sessions

7. Please check the diagnostic system with which you are most familiar in everyday practice:

\_\_\_\_\_ DSM \_\_\_\_\_ ICD-9 \_\_\_\_\_ BEHAVIORAL  
\_\_\_\_\_ Developmental Ego Psychology \_\_\_\_\_ Other (please specify): \_\_\_\_\_

8. If you use formal evaluation procedures, please specify the kind you use (e.g. neuropsychology, personality, intellectual, vocational, etc.):

9. Please check the major health service(s) that you offer:

- |   |  |
|---|--|
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Diagnosis               |
| <input type="checkbox"/> Family Therapy     | <input type="checkbox"/> Consultation            |
| <input type="checkbox"/> Couples Therapy    | <input type="checkbox"/> General Practice        |
| <input type="checkbox"/> Group Therapy      | <input type="checkbox"/> Other (Please Specify): |

10. Please check the specialized health services that you provide:  
(Please list up to three services)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Biofeedback                    | <input type="checkbox"/> Marital Therapy             | <input type="checkbox"/> Psychodrama                |
| <input type="checkbox"/> Child and Spouse Abuse Therapy | <input type="checkbox"/> Neuropsychology             | <input type="checkbox"/> Rehabilitation             |
| <input type="checkbox"/> Disability Determination       | <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> Sexual Dysfunction Therapy |
| <input type="checkbox"/> Forensic Services              | <input type="checkbox"/> Pain Management             | <input type="checkbox"/> Stress Management          |
| <input type="checkbox"/> Hypnosis                       | <input type="checkbox"/> Physical Illness/Disability | <input type="checkbox"/> Women's Issues             |
| <input type="checkbox"/> Learning Disabilities          | <input type="checkbox"/> Play Therapy                | <input type="checkbox"/> Other (please specify)     |

11. Please identify your major theoretical orientation(s) from among the following:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Behavioral             | <input type="checkbox"/> Interpersonal Relationship | <input type="checkbox"/> Rogerian, client-centered |
| <input type="checkbox"/> Eclectic               | <input type="checkbox"/> Psychoanalytic             | <input type="checkbox"/> Social Learning           |
| <input type="checkbox"/> Existential-Humanistic | <input type="checkbox"/> Rational Emotive/Cognitive | <input type="checkbox"/> Systems Oriented          |
| <input type="checkbox"/> Gestalt                | <input type="checkbox"/> Reality                    | <input type="checkbox"/> Other (please specify)    |

☐ I have attached my resume to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form, with your resume, to:

**N.J. Division of Consumer Affairs  
State Board of Psychological Examiners  
P.O. Box 45017  
Newark, New Jersey 07102**

For more information, call: 973-504-6470



## Current Board Fees (N.J.A.C. 13:42-6.1)

## The Telepractice of Psychology

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**Application fee:** \$125.00

**Examination fee:** \$350.00 written, \$200.00 oral.

**Initial license fee:**

1. During the first year of a biennial license renewal period: \$300.00.
2. During the second year of a biennial license renewal period: \$150.00.

**License renewal fee, biennial:** \$300.00

**Late renewal fee in addition to biennial renewal:**

1. Up to 30 days late: \$75.00.
2. Over 30 days late: \$150.00.

**Reinstatement fee in addition to biennial renewal fee:** \$300.00.

**Temporary permit:**

1. \$110.00 plus \$50.00 for each additional supervisor.
2. Review of extension request for one-year and three-year permits, each: \$25.00.

**Replacement wall certificate:** \$50.00.

**Certification of licensure:** \$35.00.

**Duplicate renewal certificate:** \$25.00.

\* It is the candidate's responsibility to see that all mandated fees reach the Board office as follows:

1. Application, examination, re-examination and reinstatement fees are required to initiate Board action.
2. An initial license fee is required upon notice of successful completion of candidacy and before issuance of a license.
3. A license renewal fee must reach the Board office by June 30<sup>th</sup> of the renewal year in order to avoid a late renewal fee.
4. A late renewal fee must reach the Board office by December 31<sup>st</sup> of the renewal year in order to avoid removal from the license lists and a reinstatement fee prior to reinstatement.

to be practicing without a license, if not licensed in the state or jurisdiction of the individual to whom services are being rendered.

In conclusion, when person-to-person interaction is not possible, then secured, confidential, and properly authenticated telepsychology communications which safeguard the general welfare of the client may represent the best medium for providing psychological services. The welfare of the consumer is jeopardized when service delivery (and the therapeutic relationship) is compromised unnecessarily, or for the mere convenience or preference of the provider. Though multiple ethical and legal concerns for telepsychology are apparent when providing psychotherapy, behavioral telehealth services may achieve a greater potential in the delivery of educational, informational and support services. Certainly the public is better served if access to accurate psychological information and resources is enhanced.

Kenneth A. Leight, Ph.D.  
Vice Chair

## Recent Reporting Requirement

In January, the Governor signed P.L. 2003, CH. 214, which requires certain professionals to report demographic information to the Division of Mental Health Services (D.M.H.S.) within the Department of Human Services, about persons under the age of 25 who commit or attempt suicide. As a licensed psychologist, you are among the professionals who must report. The statute (C.30:9A-24(3)c.) lists the categories of licensees required, as a result of information obtained in the course of employment, and with reasonable cause to suspect or believe that a youth has attempted to commit or has committed suicide, to provide the information to the Division of Mental Health Services on the D.M.H.S. report form. Please familiarize yourself with the entire law and the reporting form which may be found by going online to <http://www.state.nj.us/humanservices/dmhs/publications.html> the Division of Mental Health Services' publication page.

# ***New Jersey Psychologist of the Year***

## **T. Stephen Patterson, PH.D.**

The following are remarks given by Raymond Hansbury, Ph.D. in presenting Dr. T. Stephen Patterson as the Psychologist of the Year 2002 at an annual meeting of the New Jersey Psychological Association.

“It is a great privilege for me to share with you the accomplishments of Dr. T. Stephen Patterson, Psychologist of the Year. I have had the good fortune to know him as a colleague and a friend. Dr. Patterson has dedicated his career to the advancement of psychology via his training initiatives which all contributed to the improvements and strengthening of the quality of psychological services. The evidence of this is clearly manifested by taking note of the number of New Jersey psychologists who have been trained by Dr. Patterson.

Dr. Patterson has been working with the New Jersey Department of Human Services since 1972 in the capacity of Psychology Consultant for Training. He has been responsible for administering the Department’s internship program which has positions in various facilities, including psychiatric hospitals, correctional facilities, community mental health centers and centers for retardation.

Dr. Patterson not only provides training for interns but he has worked on quality assurance issues with supervisors. Due to a lack of programs or models for this group, he developed his own which essentially has been in effect for approximately three decades.

For over twenty years, Dr. Patterson has held the position of Chief of Psychological Services and Professional Development in the State of New Jersey. Part of his responsibilities is to work with the N.J. State Department of Human Services on developing policies, procedures and programs that pertain to all clinical services.

In addition, Dr. Patterson has been on the New Jersey State Board of Psychological Examiners since 1984. He has served as Chair of the Board’s Oral Examination. He reviews legislation, presently chairs the Regulations

Committee, conducts oral examinations and hears cases on the disciplinary level. This is an example of his dedication to assure that high calibre individuals be permitted to become licensed psychologists, as well as to provide consumer protection.

As a clinician, he maintains a private practice, treating individuals and couples. He is founder and senior trainer for the Contemporary Center for Advanced Psychoanalytic Studies, an affiliate with Fairleigh Dickinson University. The issue of continuing education is of interest and concern to Dr. Patterson. He encourages, participates, coordinates and frequently provides programs for educational credit.

Dr. Patterson’s involvement and advancement of psychology is further demonstrated by his enrollment in many organizations, including being a charter member of the National Register, member of the American Psychological Association, having held office in the New Jersey Psychological Association (N.J.P.A.) and on the Executive Board, the Awards Committee and the Program Committee; and is co-founder and past president of the Mercer County Psychological Association.

Dr. Patterson also provides pro-bono services such as talks, lectures and workshops to various public and church-affiliated groups. His contributions as a clinician, trainer, supervisor, mentor and educator to our field has been significant. He has remained extremely active despite personal physical limitations. He is one who exemplifies diversity from the perspective of his own physical disability; his concern for students, interns and licensed psychologists; and his advocacy for the general population. Dr. Patterson certainly enhances the value of our services and our profession.”

Raymond Hansbury, Ph.D., is a past president of the N.J.P.A. and is the organization’s representative to the New Jersey Board of Psychological Examiners (N.J.B.P.E).

## Meet the New Professional Staff Members

### **Carmen Rodriguez** **Deputy Attorney General**

Carmen A. Rodriguez, Deputy Attorney General, was assigned to the State Board of Psychological Examiners in September 2003. She previously served as Deputy Attorney General for the New Jersey Real Estate Commission. Over the past 13 years, D.A.G. Rodriguez has served as counseling attorney for the State Board of Chiropractic Examiners, Board of Movers and Warehousemen, New Jersey State Board of Cosmetology and Hairstyling, and the Division of Consumer Affairs' Lemon Law Unit. In addition to the State Board of Psychological Examiners, her current assignments include the New Jersey State Board of Optometrists, the State Board of Physical Therapy and the Orthotics and Prosthetics Board of Examiners. Before joining State service she served as in-house counsel for the New Community Corporation, a nonprofit corporation in Newark, New Jersey. D.A.G. Rodriguez was granted a J.D. degree by Seton Hall University and a Bachelor of Arts from Caldwell College.

### **Elaine L. De Mars** **Managing Executive Director**

A Division of Consumer Affairs (D.C.A.) staff member for the past 12 years, Elaine earned an Executive Master of Public Administration degree from Rutgers University and began her public service career as Deputy Director of the Governor's Office of Constituent Relations. Since joining D.C.A., Elaine has served as special assistant to the deputy director, management analyst, fiscal analyst and project manager. Most recently, she served in the role of chief of the Consumer Service and Intake Center followed by Acting Executive Director for several professional boards and committees.

Last fall, Elaine was named Managing Executive Director for the State Board of Psychological Examiners and the State Board of Social Work Examiners in addition to serving as Executive Director for the State Board of Marriage and Family Therapy Examiners, Professional Counselor Examiners Committee and the Alcohol and Drug Counselor Committee.

## A New Member Joins the Board

### **Mark Glat, Psy.D.**

Dr. Mark Glat has been a licensed psychologist in the State of New Jersey since 1987. He is a graduate of the Graduate School of Applied and Professional Psychology, Rutgers, The State University. In addition to his doctorate in professional psychology, Dr. Glat also holds a doctorate in political science from Rutgers University. He has taught political science at Tel-Aviv University and is a lecturer in psychology at Princeton University. In addition, Dr. Glat is Chief Executive Officer of Group Interaction Inc., a consulting firm specializing in large-scale group therapy training and program development, with offices in New York and Princeton. Finally, Dr. Glat maintains a private practice with offices in Mercer, Somerset and Morris Counties. His practice includes both general psychotherapy and forensic psychology.

## Meet the Board

Victoria W. Jeffers, Ph.D.  
(Chair)

Morristown, New Jersey

Mark Glat, Psy.D.  
(Vice Chair)

Princeton, New Jersey

Carole M. Harper, M.A., R.N.  
(Secretary) (Public Member)

Morris Plains, New Jersey

Keith D. Cicerone, Ph.D.  
Howell, New Jersey

Kenneth A. Leight, Ph.D.  
Northfield, New Jersey

T. Stephen Patterson, Ph.D.  
(Government Member)

Princeton Junction, New Jersey

Kenneth G. Roy, Ed.D.  
Somerset, New Jersey

Jeffrey H. Tindall, Ph.D.  
Stanton, New Jersey

# Supervising the Permit-Holder: An Overview

When a psychologist agrees to supervise a permit-holder (candidate for licensure), the psychologist assumes a variety of professional responsibilities. These can be broken down into three major areas: administrative/legal, teaching/evaluating and collegial/supportive. This article will focus on the administrative responsibilities of the supervisor when entering into a training arrangement with a permit-holder and the State Board of Psychological Examiners.

The administrative duties of the psychologist begin with the initial letter to the Board requesting approval to supervise a permit-holder and spelling out the details of the supervisory arrangements. Whether in a private or exempt setting, candidates must have a permit in order to accumulate clinical hours for licensing.

Permits are then granted by the Board at their regular business meetings after a review of the qualifications of both the candidate and supervisor.

Once the permit is issued, the supervisor may be held legally responsible for the patients seen by the permit-holder. Therefore, it is recommended that the supervisor be certain that his/her professional liability insurance includes coverage of supervisory activities.

The supervisor must ensure that the permit-holder has a current and valid Board permit, and is responsible for reviewing, approving and assigning the permit-holder's potential patients, being assured that the supervisee is working within his or her level of expertise and training.

Patients are to be informed in writing of the permit-holder's training status and the name of the supervisor. A supervisor retains full professional responsibility for setting fees, billing clients and collecting fees. At the same time, clients should be made aware of the possibility that the services provided by a permit-holder may not be reimbursed by third-party payors.

Normally, fees for services provided by permit-holders are lower than those charged by a licensed psychologist in the same area. The supervisor reimburses the permit-holder for the service provided. In order to avoid any ethical question of fee-splitting, it is recommended that charges for supervision be separate from reimbursement for patient treatment fees and other items such as office rent, etc.

Stationery, advertisements, telephone directory listings, etc., should not include the names of permit-holders, since they are not licensed; and they may not use the title "psychologist."

The multiplicity of forms required by third-party payors may be a source of confusion for even the most experienced psychologist; and careful monitoring of confidential information, particularly because of peer-review legislation and changes at the federal level, is essential. At the same time, all insurance forms submitted for services rendered by the permit-holder should bear the signature of both the supervisor and candidate; otherwise, fraud may be involved.

A permit-holder may not have more than 20 client contact hours per week. Supervisors may supervise a maximum of three permit-holders at any one time. One hour of individual supervision for every five hours of client contact should be provided by the supervisor. However, two of the four hours of weekly supervision, required for full-time practice, can be provided through group supervision.

As with most administrative functions, documentation of services provided is essential. It is advisable that the supervisor keep notes of the supervisory sessions and carefully monitor the progress of the permit-holder.

Every six months, the supervisor is required to submit a brief report to the Board, highlighting the progress of the supervisee. At the same time, the permit-holder should submit to the Board, also semi-annually, a letter updating the nature of his/her practice and any changes in supervisory arrangements.

At the end of the period of supervision, the supervisor should complete the "Verification of Supervision" form, commenting on the readiness of the candidate for independent practice.

Although the administrative functions are often the least attractive aspect of the supervisor's work with a candidate, careful attention to documentation and note-keeping serves to model professional responsibility for the potential licensee.

T. Stephen Patterson, Ph.D.  
Government Member  
State Board of Psychological Examiners

## Disciplinary Actions

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The following disciplinary actions were imposed by the State Board of Psychological Examiners from January 1, 2002, to the present:

**Neil Lavender, Ph.D.,** *License No. 35SI00297600;* Consent Order based on sexual misconduct; three years' suspension (one year active); a penalty of \$10,000 was imposed and costs were assessed at \$6,885.57 (filed and effective October 18, 2002).

**Claire A. Ciliotta, Ph.D.,** *License No. 35SI00405700;* Consent Order based upon unlicensed practice; at that time Dr. Ciliotta was not licensed in the State of New Jersey. Respondent agreed to cease and desist from the practice of psychology without a license; she was fined \$4,200.00 in restitution, \$13,000.00 in penalties and costs were assessed at \$3,166.33 (filed and effective January 24, 2002).

**Andrew Lester, Ph.D.,** *License No. 35SI00139500;* Consent Order based upon harassment, billing and conflict of interest; respondent shall engage in weekly therapy with another psychologist; a penalty of \$5,000.00 was imposed and costs were assessed at \$500.00 (filed and effective April 1, 2002).

**Peter Rutan, Ed.D.,** *License No. 35SI00166100;* Consent Order based upon professional misconduct; he was fined a penalty of \$1,500.00 and restitution costs of \$2,075.00 (filed and effective May 21, 2002).

**Susan A. Grossbard, Psy.D.,** *License No. 35SI00385300;* Consent Order based upon professional misconduct; fined a penalty of \$1,500.00 and restitution costs of \$435.00 (filed and effective July 23, 2002).

**David M. Fink, Ph.D.,** *License No. 35SI00035400;* Consent Order based upon insurance claims not rendered, billed and collected; license revoked (filed and effective August 29, 2002). Dr. Fink, a licensee of the Board, had pled guilty to a one-count accusation of health care claims fraud in Middlesex County Superior Court. The criminal acts charged included billing of insurance carriers for services not rendered. Based upon this information, the Board revoked with prejudice to any applications for reinstatement at any time.

**Michael J. Kahn, Ph.D.,** *License No. 35SI00208100;* Consent Order based upon unprofessional conduct with a patient; license suspended for one year, stayed and served as a period of probation; fined a penalty of \$7,500.00 and costs were assessed at \$2,951.78 (filed and effective March 3, 2003).

**Nick Economou, Ed.D.,** *License No. 35SI00135500;* Consent Order based upon violation of client confidentiality; respondent reprimanded for breach of confidential client information; fined a civil penalty of \$3,000.00 (filed and effective May 7, 2003).

**Michael Kosacoff, Ph.D.,** *License No. 35SI00305200;* Consent Order based upon sexual misconduct; license suspended for five years, the first two years as an active suspension and the remaining three years being stayed and served as a period of probation. Respondent fined \$8,267.00 in costs and \$7,500.00 in civil penalties (filed and effective July 14, 2003).■

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
State Board of Psychological Examiners  
124 Halsey Street  
P.O. Box 45017  
Newark, NJ 07101

Online verification of licensure is now available on the New Jersey Division of Consumer Affairs' Web site

[www.NJConsumerAffairs.com](http://www.NJConsumerAffairs.com).

For more information, you may visit our Web site at <http://www.NJConsumerAffairs.com/medical/psycho.htm>

or e-mail us at [AskConsumerAffairs@lps.state.nj.us](mailto:AskConsumerAffairs@lps.state.nj.us).



New Jersey Office of the Attorney General



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